

ALLODIAL TITLE PROGRAM

OFFICE OF THE STATE TREASURER

Application for Certificate of Allodial Title



If you own and occupy a single-family dwelling, its appurtenances, and the land on which it is located, free and clear of all encumbrances, except any unpaid assessment for a public improvement, you may apply through the county assessor for a certificate of allodial title for the property. Please consult your tax professional before applying for this Program.

Please TYPE or PRINT all information except your signature. Please use a blue or black ink ballpoint pen..

Type of Application: New ☐ Reestablishment ☐

1st Titleholder: Last Name _____ First _____ MI _____
_____-_____-_____
Social Security Number _____ Date of Birth _____ (_____) _____ - _____
Telephone Number

2nd Titleholder: Last Name _____ First _____ MI _____
_____-_____-_____
Social Security Number _____ Date of Birth _____

3rd Titleholder: Last Name _____ First _____ MI _____
_____-_____-_____
Social Security Number _____ Date of Birth _____

Mailing Address of 1st titleholder listed above

City _____ State _____ Zip _____ County _____

Address of Property if different from mailing address above

City _____ State _____ Zip _____ County _____

Assessor's Parcel Number

Legal description of property

Attach additional sheets, if necessary

Each person listed on this application must occupy this dwelling. Please include proof of age for each titleholder (birth certificate, driver's license, or other proof). A \$25.00 nonrefundable processing fee may be required by your county assessor with this application. We will require a new lot book report and guarantee, with a date-down endorsement, to prove clear title, from your title company before approving allodial title for this property. The State Treasurer will notify you of the amount of money that will be required to pay all future property taxes for a period equal to the life expectancy of the titleholders of the property pursuant to NRS 361.900 through 361.920. We will send all information relating to this program to the first titleholder listed above.

I certify that the information above is true and correct I certify that I own and occupy this single-family dwelling, its appurtenances and the land on which it is located, free and clear of all encumbrances, except any unpaid assessment for a public improvement.

Signature of Titleholder 1 _____ Date _____
Signature of Titleholder 2 _____ Date _____
Signature of Titleholder 3 _____ Date _____

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COUNTY ASSESSOR FORM

FOR USE BY THE COUNTY ASSESSOR

Date Application Received:

Date of Taxable Values Provided:

\$ _____
Full Taxable Value: Land

\$ _____
Improvements

\$ _____
Personal Property

\$ _____
Total

Date of last tax payment:

\$ _____
Amount of last tax payment:

Payment applied to: Fiscal Year (beginning July 1)

1st QTR ☐ 2nd QTR ☐ 3rd QTR ☐ 4th QTR ☐ Full Fiscal Year ☐

Please provide any additional information about this parcel that may be useful to the State Treasurer in calculating the amount necessary to pay all future property tax for this property.

Signature of County Assessor or Representative

Title

Date

FOR USE BY STATE TREASURER ONLY	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/> Date _____
Reason	_____
By	_____